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Approved For Release 2009/07/16: CIA-RDP87-00868R000100060066-8 Ins. Br. file copy 18 April 1961 Mr. Joseph E. Jones Mutual Benefit Health and Accident Association Ring Building 18th and M. Streets, N. W. Washington, D. C. Dear Mr. Jones: After careful study of Contract CAG-1799, based on the experience since the inception of the new Hospitalization and Surgical Contract, it is requested that the following changes be made in the Surgical. Schedule. In many instances these changes are recommended because of the fact that at the present time allowances are higher under the Low Option then under the High Option. Under the High Option the following allowances should be increased to: Cystoscopy, #3931, \$35.00, each subsequent, #3932, \$35.00. Myringotomy, #5961, \$20.00. Excision of lymph node, #2644, \$50.00. Incision and Drainage, #0101 through #0145, \$15.00. Antrum puncture, unilateral, #1981, \$20.00. Proctosigmoidoscopy, #3311, \$35.00, each subsequent, #3312, \$35.00. Excision of nail, nail bed or nail fold, partial, #0230, \$15.00. Excision of spermatocele without epididymectomy, #4174, \$65.00. Frenotomy, seme as #2781 per underwriter's letter of 1/10/61, \$15.00. Peritoneocentesis: abdominal paracentesis, #3588, \$20.00, each subsequent, #3590, \$20.00. Aspiration biopsy of bone marrow, including sternal puncture, Malignant tumors, small, \$25.00, large, \$50.00. (NEW ITEM) #0501, \$20.00. It is our considered opinion that the increased allowances mentioned above will not cause reimbursements to increase to any considerable degree. However, these increases will eliminate a basis for many grievances voiced against the present contract, and will definitely prove to be of great assistance in continuing good public relations. Sincerely yours, STAT LPP: byo President Approved For Release 2009/07/16 : CIA-RDP87-00868R000100060066-8

PROPOSED CONTRACT CHANGES

GROUP POLICY GMG-1799

Outpatient Hospital Miscellaneous

1. At the present time, Groover, Christie & Merritt, Oscar B. Hunter Memorial Lab., Latane Lab. and Drs. Belair, Prominski & Sheely (Circle Terrace & N. V. Doctor's Hospital) are considered approved clinics. The Rockville Medical Center Laboratory (see attached letter) is submitted for possible addition as an approved clinic.

Surgical Benefits

In some instances, the amount payable under Low Option is greater than the amount payable under High Option. See the following examples:

LOW OPTION

Cystoscopy (each) \$31.25

Myringotomy \$18.75

Excision of lymph node \$43.75

Biopsy \$25.00

Incision and Drainage
Requiring hosp. \$31.25
Not requiring hosp. \$12.50

Antrum puncture \$18.75

Sigmoidoscopy (each) \$31.25

Operation for benign tumors, cysts, etc.
Requiring hosp. confinement \$31.25

Partial removal of nail \$12.50

Spermatocelectomy \$62.50

Incision or excision of Chalazion If hospital confined \$31.25

Frenotomy \$18.75

Abdominal paracentesis (each) \$18.75

Diagnostic \$25.00, subsequent \$15.00

V \$25.00-50

6 K \$10.00

\$5.00

V \$10.00 6 20 50

Diagnostic \$15.00, (subsequent \$10.00)

Allowance not increased for hospital confinement

\$10.00 - 150

\$50.00 -6500

OK \$25.00

\$10.00 (per underwriter's letter of 1/10/61)

Initial \$20.00, (subsequent \$10.00)

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Blood transfusion (each) \$31.25

OK Direct method \$25.00 Indirect method \$10.00

Aspiration biopsy of bone marrow, including sternal puncture
Bone marrow (sternal puncture) \$18.75

\$15.00 - 2000

Treatment of Fracture-Ribs
Three or more ribs \$31.25
Fewer than three \$12.50

was Ribs, simple, strapping \$10.00

Distinction made between benign and malignant tumors.

No distinction made between benign and malignant tumors.

Change #0178 and #0180 change see attached #1.

Add to contract (not in contract)
"Treatment of Fractures"
see attached #2.

It is requested that the above allowances be reviewed, with consideration given to the possibility of increasing the allowance under High Option to equal the allowance under Low Option.

My recommendation is to remove clinic from the contract under Outpatient Services. In order for claims to be reimbursable the bill must show the name of the hospital where services were rendered.

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